



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2006

|  |  |                          |                       |
|--|--|--------------------------|-----------------------|
|  |  | <b>Complete if Known</b> |                       |
|  |  | Application Number       | 10/658,377            |
|  |  | Filing Date              | September 10, 2003    |
|  |  | First Named Inventor     | Daniel LANGENEGGER    |
|  |  | Examiner Name            | Joseph A. Dillon, Jr. |
|  |  | Art Unit                 | 3651                  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  | Attorney Docket No.      |                       |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$ 1,520)                                      |  | 40424-191091             |                       |

**METHOD OF PAYMENT** (check all that apply)

|   |                                      |                                      |                               |   |
|---|--------------------------------------|--------------------------------------|-------------------------------|---|
| <input type="checkbox"/> Check  | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP |                                      |                                      |                               |   |

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

|   |   |
|---|---|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below   | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> |                     | <u>SEARCH FEES</u> |                     | <u>EXAMINATION FEES</u> |                     |                       |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
|                         | <u>Fee (\$)</u>    | <u>Small Entity</u> | <u>Fee (\$)</u>    | <u>Small Entity</u> | <u>Fee (\$)</u>         | <u>Small Entity</u> | <u>Fees Paid (\$)</u> |
| Utility                 | 300                | 150                 | 500                | 250                 | 200                     | 100                 |                       |
| Design                  | 200                | 100                 | 100                | 50                  | 130                     | 65                  |                       |
| Plant                   | 200                | 100                 | 300                | 150                 | 160                     | 80                  |                       |
| Reissue                 | 300                | 150                 | 500                | 250                 | 600                     | 300                 |                       |
| Provisional             | 200                | 100                 | 0                  | 0                   | 0                       | 0                   |                       |

**2. EXCESS CLAIM FEES**
Fee Description

Each claim over 20 (including Reissues)

|                     |                 |
|---------------------|-----------------|
| <u>Small Entity</u> |                 |
| <u>Fee (\$)</u>     | <u>Fee (\$)</u> |

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u>     |
|---------------------|---------------------|-----------------|----------------------|--------------------------------------|
| -                   | =                   | x               | =                    | <u>Fee (\$)</u> <u>Fee Paid (\$)</u> |

HP = highest number of total claims paid for, if greater than 20.

| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|----------------------|---------------------|-----------------|----------------------|-----------------|----------------------|
| -                    | =                   | x               | =                    | -               | -                    |

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

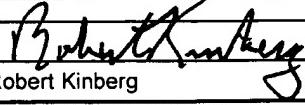
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u>  |
|---------------------|---------------------|---|-----------------|-----------------------|
| - 100 =             | /50                 | (round up to a whole number) x                          | =               | <u>Fees Paid (\$)</u> |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Extension of Time (\$1,020); Notice of Appeal (\$500) \$1,520

|                     |   |  |                                      |                   |                          |
|---------------------|---|--|--------------------------------------|-------------------|--------------------------|
| <b>SUBMITTED BY</b> |   |  |                                      |                   |                          |
| Signature           |  |  | Registration No.<br>(Attorney/Agent) | 26,924            | Telephone (202) 344-4000 |
| Name (Print/Type)   | Robert Kinberg  |  | Date                                 | February 13, 2006 |                          |